

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90150 007 ***150.00

DOCUMENT # P00000084338

1. Entity Name
CURVES FOR WOMEN OF CAPE CORAL, INC.



Principal Place of Business
4419 DEL PRADO BLVD
CAPE CORAL FL 33904

Mailing Address
4419 DEL PRADO BLVD
CAPE CORAL FL 33904

2. Principal Place of Business

4419 Del Prado Blvd

Suite, Apt. #, etc.

3. Mailing Address

4419 Del Prado Blvd

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number **65-1038442**

Applied For
Not Applicable

Zip **33904** **Country** **US**

Zip **33904** **Country** **US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, HEATHER A
5246 CHIQUITA BLVD
CAPE CORAL FL 33914

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Heather Ellis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O/P** ☐ **Delete**
NAME **ELLIS, HEATHER A**
STREET ADDRESS **5246 CHIQUITA BLVD.**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Heather Ellis* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

239542-777p

Daytime Phone #

CR2E034 (10/02)